

A Community's Guide to...

Recruiting for Retention...

*A hands-on
Recruitment Action Plan*



"Making the health connection for Virginia"

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Manual of the National Rural Recruitment and Retention Network, Inc."*

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Recruitment and Retention of Health Care Providers

Introduction

The recruitment of health care providers has become more costly and more intense because of supply and demand issues and/or maldistribution.

It is imperative that we recognize the diverse needs of health care providers and design recruitment and retention initiatives to meet those changing needs.

There is no single “right” way to recruit and retain health care providers. Yet there are certain critical activities or steps that should take place to ensure timely placement and lasting retention of quality health care providers in your community. To that end, we have developed a concise resource to assist in navigating through the recruitment and retention processes.

In 2002, partners in the *National Rural Recruitment and Retention Network, (3RNET) developed a comprehensive Recruitment for Retention Manual that focused on recruitment of primary care providers. Virginia as a 3RNET member is able to use this resource as a training manual.

Therefore, the Virginia Department of Health, Office of Health Policy and Planning, Recruitment and Retention Services developed a supplemental workbook... [“A Community’s Guide to Recruiting for Retention... A Hands-On Recruitment Action Plan”](#) that highlights and enhances the Recruitment Action Plan approach identified in 3RNET’s manual and serves as a companion guide for developing and implementing strategies to insure effective recruitment and retention of health care providers.

A Community's Guide to... Recruiting for Retention

A hands-on ... Recruitment Action Plan

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Recruitment Action Plan

The Recruitment Action Plan is a ready-to-use implementation plan complete with objectives and action steps for recruiting and retaining primary care providers. You must identify a lead person that is responsible for carrying out each action plan step. Also, you must decide upon the deadline by which the action step should be completed.

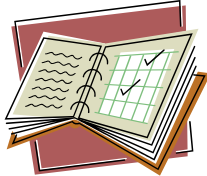
Remember: identify the person responsible for carrying out each action step.



(Lead Person)

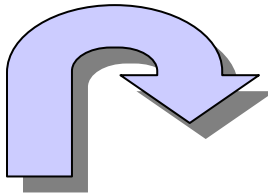
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establish the date by which the action step should be completed (Deadline).



*For additional information regarding 3RNET (national recruitment network) visit www.3rnet.org.

Recruitment Action Plan



Step 1: Assess need for health care providers

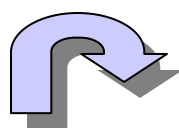
| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Determine provider supply and demand. (Potential data sources include national health professional shortage area data – federal criteria for standards for office visit supply and demand per provider). | | |
| Determine potential income for new provider ... you may consider using the clinic and hospital CPT codes and average charge per CPT. | | |



Recruitment Action Plan Notes

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Recruitment Action Plan



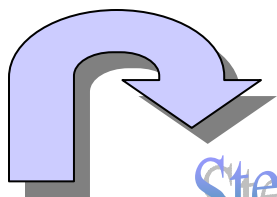
Step 2: Gain support for the recruitment effort

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Meet and discuss recruitment needs with current health care providers and other stakeholders, such as school principals, bankers, and other key community members, and get their support. (Note: This will be very important with future activities.) | | |
| Educate public on the recruitment effort and gain its support to help develop practice before provider is recruited. (Begin building a patient base. Make new provider feel welcome in the community.) | | |
| Inform organizations about your need for assistance in recruitment process, promote your opportunity or identify recruitment/retention resources for your community. | | |



Recruitment Action Plan Notes

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Step 3: Form a recruitment team

"Transfer support into active participation... build a team..."

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Identify a Coordinator | | |
| Identify a Contact or Point Person | | |
| Identify a Clerk | | |
| Identify Candidate Interviewers | | |
| Identify Spouse Recruiter or Spouse Interviewer(s) | | |
| Identify Reference and Credential Reviewers | | |
| Identify Promotion Developer | | |
| Identify Site Visit Team | | |
| Identify Site Visit Hosts | | |
| Identify Contract Negotiator | | |



Step 3: Form a recruitment team

cont'd...

"Transfer support into active participation... Build a Team..."

Successful Recruitment Teams often include:

Hospital Administrators

Clinic Administrator

Medical Staff Representative

Medical staff member's spouse

Hospital Director of Nursing

Community Sectors:

Employers who recruit professionals

Local economic development representative

School Administrators

Residents who match characteristics of candidate/spouse

Local Media

Civic minded Residents



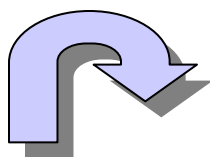
Establish Effective Volunteer Management of the Recruitment Team

- ♦ Define the need for volunteers
- ♦ Write a clear description of each team members role
- ♦ Design an orientation packet and training program
- ♦ Recruit Volunteers
- ♦ Orient Volunteers
- ♦ Train by providing coaching and supporting
- ♦ Match team member's ability to role/task
- ♦ Make all team members feel part of the process
- ♦ Recognize and Thank Volunteers – Often...

Thanks Thanks Thanks

Recruitment Action Plan Notes

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Step4: Define your opportunity

Three Separate Components: “Practice Setting – Community – Compensation”

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Develop Practice Setting Profile – Profile should identify type of provider sought... Scope of Services expected from Practitioner, include: hours, call, coverage, etc. Provide patient demographics, patient volume, practice setting, clinic facilities, hospital facilities, medical staff, other health care resources, etc. | | |
| Develop Compensation Package Note: Place dollar amount on compensation arrangements – Salary – Income Guarantee – Fee for Service – Percentage/Productivity, etc. monetary-type benefits, and List non-monetary perks, such as paid malpractice insurance, health insurance, vacation, retirement plans, Signing bonus, housing relocation, etc. | | |
| Develop Community Profile – Include information on Demographics, Location, Economy, Local Organizations, Shopping, Education, Culture, Recreation, employment Opportunities. Develop an attractive package. | | |
| Seek legal advice to determine if your package complies with state codes and is acceptable to the IRS and Office of the Inspector General, DHHS | | |



Step4: Define your opportunity

Cont'd.

...Packaging Your Opportunity...

involves translating the three separate components of your opportunity into promotional materials.

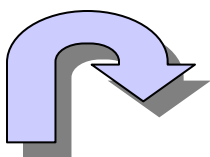
Suggested Practice Opportunity Packet includes...

- Cover Letter (Brief letter introducing candidate to materials in packet.)
- Letter from Medical Staff (Warm invitation from the medical staff to the candidate to investigate the opportunity.)
- Practice Opportunity Description (Informative Attractive Concise Promotional Piece.)
- Promotional Materials (Information on your community/area.)



Recruitment Action Plan Notes

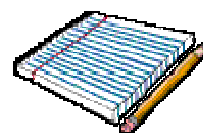
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Step 5: Define the "Ideal Candidate"

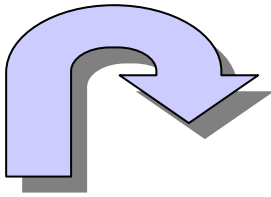
"Thus far you have defined who you are and what you have to offer... now it's time.... to define who you want to offer the position to..."

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Bring the recruitment team together for a focused brainstorming session to define your "Ideal Candidate." | | |
| Develop a composite of the "ideal provider candidate" for your community -- you may want to use a "desired characteristic" tally chart or plot on a "most preferred-least preferred" continuum to determine how closely each candidate matches your ideal. <u>Note</u> : pursue those candidates who most closely match your "ideal candidate profile" as this is an important recruitment and retention factor. | | |
| Develop a candidate and spouse interview questionnaires that tasks specific questions to help determine how closely the candidate matches the "ideal candidate" for your community. | | |
| Develop a candidate and reference questionnaires that tasks specific questions to help determine how closely the candidate matches the "ideal candidate" for your community. | | |



Recruitment Action Plan Notes

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Step 6: Develop a recruitment budget

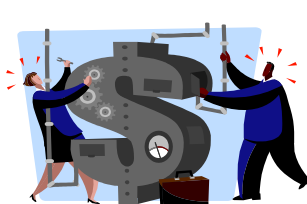
| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Create a Recruitment Budget. | | |
| Determine recruitment period i.e., how long will you recruit candidates? | | |
| Determine cost factors that may include the following:. | | |
| Promotion/Publicity Expenses – promotion materials, printing cost, mailings materials, postage, graphic artists, web designers, etc.. | | |
| Advertising – identify media | | |
| Professional recruitment firms | | |
| Direct mailing | | |
| Person-to person recruiting – residency program visits, conferences, etc. | | |
| Other promotions/publicity – rewards, freebies, etc. | | |
| Candidate Expenses – phone interviews – out of state costs for candidate/spouse – in-state costs for candidate/spouse | | |
| Credential Checks – time involved – database expense i.e. National Practitioner Data Bank | | |
| Reference Checks – time involved – phone interviews, other.. | | |



Step 6: Develop a recruitment budget

Cont'd...

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Site Visit & Personal Interviews Expenses – Out of state candidates & spouses, Airfare, Ground transportation, Lodging, Meals, Other.. | | |
| In-state candidates & spouses – Mileage reimbursement, Lodging, Meals, Others... | | |
| Site visit social gatherings, caterer/sponsored meals, other... | | |
| Personnel Expenses Current personnel – time away from primary duties, bonus pay for extra duties, other. | | |
| Temporary Personnel, hired local recruitment coordinator, locum tenens coverage, other... | | |
| Other – miscellaneous cost... | | |



Recruitment Action Plan Notes

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Evaluate your Opportunity

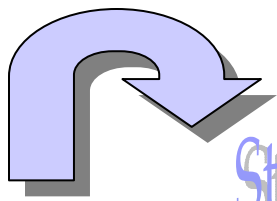
| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Identify the real strengths of your opportunity. Are the strengths clearly promoted? | | |
| Identify the weaknesses of your opportunity. | | |
| Develop strategies to address the opportunity's weakness. | | |



Potential Barriers to Recruitment and Retention

The following checklist is designed to assist in identifying, weaknesses or barriers to recruitment and retention of health care providers. Identify barriers that may exist in your community? Do you have other barriers not listed? For every barrier you identify, develop a strategy for removing or minimizing that barrier.

| Potential Barriers | Yes/No | Potential Barrier | Yes/No |
|---|--------|--|--------|
| No or low compensation/guarantee | | No malpractice insurance assistance | |
| Lower quality education system | | No local K-12 education system | |
| No or few benefits | | Heavy call schedule (over 1 day in 4) | |
| Severe climate | | Religious homogeneity | |
| Poor physician retention history | | Large out-migration of local patients | |
| Aging medical staff | | Large uninsured population | |
| Hospital/medical staff have poor communication | | Older hospital facilities (physical plant) | |
| Interpersonal conflicts among Physicians community image | | Few professional opportunities for and/or technology) spouse | |
| Inadequate clinic facilities | | Lack of basic consumer services | |
| Lack of housing | | Hospital experiencing financial troubles amenities | |
| Depressed local economy | | Lack of extra-curricular activities for family | |
| Large Medicare/Medicaid population | | Competing health care system in community | |
| No other local physicians | | Health care leadership in turmoil | |
| Poor collections history | | No ob/gyn back up | |
| Interpersonal conflicts between physicians, hospital (administration, board and/or staff) | | Community is located over three hours and from regional medical center | |
| Poor clinic billing and coding practices | | Lack of an experienced practice manager | |
| Inexperience in physician recruitment | | Recruitment effort not supported by all local physicians | |
| Studies indicate Most Common Barriers to Recruitment and Retention | | | |
| • Excessive call and coverage schedule | | • No or low compensation guarantee | |
| • Few professional opportunities | | • Few benefits | |



Step 7: Create a practice opportunity information package & promotional materials.

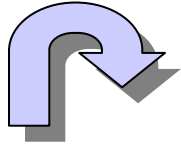
Advertising your opportunity is key! Keep in mind that ads and all materials used should be designed to appeal to your defined “ideal candidate.”

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Develop classified ads, direct mail letters, and promotional packets that highlight the professional and personal aspects of your opportunity and community that you think will appeal to the “ideal” candidate you defined | | |
| Develop direct mail letters. Target specific individuals and groups. Direct mail list containing physician names and addresses can be purchased through direct mail houses that have contracts with the American Medical Association. (Note: prices vary greatly so shop around.) | | |
| Develop promotional packets that highlight the professional and personal aspects of your opportunity and community. | | |



Recruitment Action Plan Notes

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Step 8: Develop & implement candidate generating strategies.

Generating Candidates.....

Announcing your opportunity locally is the first step in the candidate Search process. You will then proceed... statewide, regional and to national areas in that order. This will assist in keeping your recruitment cost down.

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Generate a list of all possible local sources of candidate recruitment, i.e., local physicians, mid-levels, residents, etc. | | |
| Generate a list of all possible statewide sources of candidate recruitment, i.e., medical Association, State Office of Rural Health, State Office of Primary Care, State Office of Public Health, State Department of Labor, Area Health Education Center, medical schools, Residency programs, nurse practitioner and Physician assistant program, state's 3RNet member. | | |
| Generate a list of all possible regional/national sources of candidate recruitment, i.e., medical schools, residency programs, nurse practitioner and physicians assistant program, stat's 3RNet member, National Health Services Corps. | | |
| Estimate cost of generating candidates through each source by gathering rate cards from journals, estimating postage and mailing list costs for direct mail efforts. Estimate costs involved with visiting residency programs and sponsoring meals, or sponsoring exhibit at provider conferences, etc. | | |
| Locate "free sources" of candidates and free locations to publicize your opportunity: local word of mouth, local providers, state medical and hospital associations, specialty- or midlevel provider-specific associations or academies, <i>State Office of Rural Health-Primary Practice Opportunities of Virginia website...</i> , Public Health Service, state Cooperative Agreements, Area Health Education Centers, residency programs, medical schools, etc. | | |

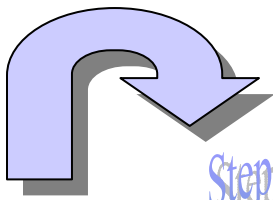


Primary Practice Opportunities of Virginia



Recruitment Action Plan Notes

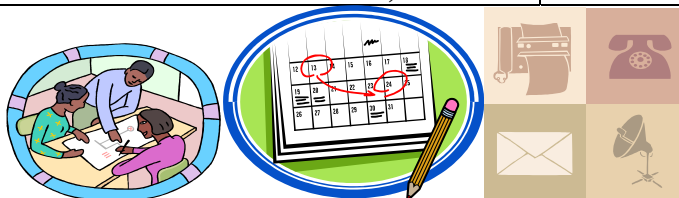
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Step 9: Develop process for receiving candidate information & quickly following up on candidate inquiries.

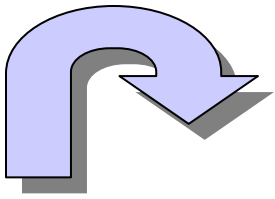
Once you begin to receive responses to your promotional efforts, you will need to track the candidate's progress through the recruitment process.

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Assign a key person responsible for: <ul style="list-style-type: none"> <input type="checkbox"/> receiving candidate information, <input type="checkbox"/> sending follow-up packet to candidate, <input type="checkbox"/> notifying the candidate screening team and <input type="checkbox"/> sending the team the candidate's information | | |
| Develop a chart that tracks the status of each candidate lead, i.e. <ul style="list-style-type: none"> <input type="checkbox"/> Candidate Name <input type="checkbox"/> Specialty <input type="checkbox"/> First contact <input type="checkbox"/> Source <input type="checkbox"/> Follow-up packet mailed <input type="checkbox"/> Second contact <input type="checkbox"/> Initial interview <input type="checkbox"/> Second interview <input type="checkbox"/> Spouse interview <input type="checkbox"/> Reference and credential check <input type="checkbox"/> Site visit <input type="checkbox"/> Follow-up to site visit <input type="checkbox"/> Contract negotiation <input type="checkbox"/> Decision period – close to signing, <input type="checkbox"/> Disposition: signed, declined offer, inactive <p>(Note: Never let more than two weeks transpire between phone or in-person contact with the candidate.)</p> | | |



Recruitment Action Plan Notes

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Step 10: Interviewing

Before the interviewing process begins ... you need to...

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Form candidate interview team. | | |
| Form spouse interview team. | | |
| Develop candidate interview questionnaires that will help you determine how closely the candidate matches the "ideal candidate" for your community. Include questions regarding personal and professional attributes, interest in your community, candidates view of "Ideal Practice", depth of knowledge about opportunity, training, background, experience, professional goals, strengths, limitations, location of other opportunities being considered, desired compensation package, spouse interest and background, whether or not to invite candidate & spouse for a visit. | | |
| Develop spouse interview questionnaires that will help you determine how closely the candidate matches the "ideal candidate" for your community. | | |
| Conduct mock interviews to test the questionnaire and provide the interviewers with interviewing skills practice. (Note: In general initial phone interviews should not exceed thirty minutes.) | | |
| Prepare for potential questions asked by the candidates. One source is listing of "Questions Most Commonly Asked by Physicians" (see next page) | | |



Recruitment Action Plan Notes

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Questions Commonly Asked by Candidates and Spouses

The exercise will sharpen your knowledge of your opportunity relative to what's most important to the candidate and spouse. To properly prepare for an interview, simply review and be prepared to answer each of the following questions.

Questions Related to the Medical Situation

1. Why is there a need for a new provider?
Do all the local primary care providers, other physicians and other key health care providers support the recruitment effort?
2. Is the community currently without a primary care provider?
 - a. How long has it been without one?
 - b. Why did the last provider leave?
 - c. Where do people now go for primary care?
3. What are the major health concerns of the area?
4. How well do the primary care providers and other physicians in the area work together?
5. What steps are involved in getting a license to practice medicine in your state?

Questions Related to the Practice

1. What geographic area is served by the practice?
 - a. How many patients are anticipated?
 - b. What is the payor mix of the patients: Medicare, Medicaid, private insurance, uninsured?
 - c. What are the call and coverage arrangement, emergency room, office, and hospital?
2. What locations are available for the office?
 - a. What is the condition of the facility?
 - b. What clinical technology and office equipment are located in the office?
 - c. Does the facility have adequate waiting room space, office and consultation space for each provider, at least two examination rooms per practitioner, records and storage areas?
3. What type of support staff exists at the office?
 - a. Are there administrative support personnel?
 - b. Are there clinical support personnel?
4. Which services will the practice provide and which will be provided by other sources?
 - a. Where is the nearest pharmacy?
 - b. Where are the nearest lab and x-ray facilities?
5. How far away is the nearest hospital?
 - a. What facilities, support services and personnel does it have relative to my specialty?
 - b. Is there an emergency room?
 - c. What is the financial status of the hospital?
 - d. What is the hospital's scope of care?
 - e. Are there relationships established with regional medical centers?
 - f. How would nursing homes in the area relate to the practice?

Questions Commonly Asked by Candidates and Spouses

Page 2.

6. Where are physicians available for consultations and referrals?
Are there medical schools, training centers, and/or group practices accessible for telephone consultation or patient referrals?
7. What emergency transportation is available?
How long does it take for ground and air emergency transport to reach a regional medical center?
8. What are the opportunities for continuing medical education and professional enrichment in the area?
Who is responsible for arranging and paying for coverage while I am away on CME leave?
9. What type of support will you provide me in developing my practice?
 - a. What type of practice management assistance can you provide?
 - b. What activities will you engage in to help me increase my patient base?

Questions Related to the Community Setting

1. What is the potential for a financially successful private practice in this area?
 - a. Is the economy sound?
 - b. Is the community growing?
2. Are there appropriate employment opportunities available for my spouse within reasonable commuting time?
 - a. Can your organization help find a suitable position for my spouse?
 - b. Are daycare centers available?
3. What opportunities are there for my spouse to obtain additional education or training?
4. What types of housing are available in the community and surrounding areas?
 - a. What are the prices and interest rates?
 - b. Are there rentals large enough to accommodate a family?
5. What is the local school situation in the area?
 - a. Are the school facilities and education resources modern?
 - b. What is the teacher-pupil ratio?
 - c. What are the extra-curricular activities?
 - d. What is the community's attitude toward education?
 - e. What percent of the high school graduates go on to college?
 - f. How do the schools' test scores rank against state and national averages?
 - g. What are the core curriculum and elective courses at the schools?
 - h. How far to the nearest college or university?
 - i. Do universities or colleges offer outreach courses in your community?
6. What churches are in the area?
7. What are the social, recreational, entertainment and cultural activities and opportunities in the area?

Questions Commonly Asked by Candidates and Spouses

Page 3

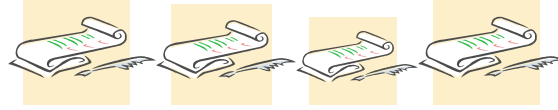
8. What kind of environment does the community offer?
 - a. What are the values of the community?
 - b. Is there ample infrastructure for the community like police, fire protection, emergency services, public utilities, water and sewer, and local government?
9. What shopping and other consumer services are available locally?
 - a. Does the community meet basic consumer needs like groceries, clothing, restaurants, pharmacy, general merchandise, banking, automotive repair, plumber, electrician and so on?
 - b. How far to the nearest large city, its size and shopping and consumer amenities?
 - c. How far to a major airport?
 - d. What type of media services the area?

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| <p><i>Sources: National Health Service Corps, Utah Department of Health, and Idaho Rural Health Education Center</i></p> |
|--|

Spouse Interviewing ...

Most recruitment efforts hinge on the candidate's spouse, because the spouse's opinion of the opportunity and community often drives the candidate's final decision. Therefore, it is extremely important that you expend as much effort on recruiting (and retaining) the spouse as you do on the candidate. As the spouse plays an important role in the employment decision making process, the use of a Spouse Recruiter is suggested.

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| <p>Obtain information regarding the candidate's spouse in the following areas:</p> <ul style="list-style-type: none"> ○ Professional needs, including professional or career goals ○ Personal education needs ○ Personal interests, including recreation, social, cultural and hobbies ○ Personality traits ○ Socioeconomic background, including rural living background ○ Housing preferences ○ Expectations from the community ○ His/her ideal community ○ Family profile, such as ages, interests/needs of children ○ Family needs, including education, religion, recreation, extracurricular activities ○ Most important factors in deciding on a community ○ Geographic and climate preferences ○ Location of family and closest friends ○ Knowledge of your opportunity ○ Why your community interests him/her | | |

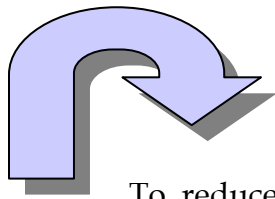


Tips for Interviewing candidates, spouses and references

- Prepare questions in advance, drafting questions based on your ideal candidate composite.
- Test your questions and rehearse the interview with a colleague – ideally one of your local medical staff members.
- Take accurate notes during the interview, noting what the interviewee says and how he/she says it.
- Avoid asking certain background or “off the record” type questions that are illegal, including questions related to: age, race, gender, marital status, religion, garnishment records, child care provisions, contraceptive practices, childbearing plans, height and weight, and physical or mental disabilities.
- Listen attentively so the interviewee knows his/her responses are important to you. Avoid answering questions for the interviewee, or finishing statements, or making editorial comments (good or bad).
- Allow the interviewee ample time to contemplate a response. Silence is not a bad thing.
- Paraphrase responses to ensure you understood the interviewee’s answer. If you did not understand the response, ask him/her to rephrase it until you do.
- Strive for a conversational tone. Relax and let the interview flow. A relaxed interviewee is likely to be more open than one who feels like he or she is being interrogated. Do not feel compelled to follow the order in which your questions appear on the questionnaire; let the conversation dictate the order. But keep the conversation focused and make sure all your questions are answered.
- Answer all questions posed by the interviewee honestly. If you don’t know the answer, tell the interviewee you will get the answer to him/her shortly after the interview.
- Check your notes immediately after the interview is completed to fill in and clarify any incomplete notes, which could lose all meaning to you within a few days.
- Send a thank you letter to the interviewee, include any additional information requested. If interviewing both a candidate & spouse, send separate letters.

Recruitment Action Plan Notes

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Step 11: Check references

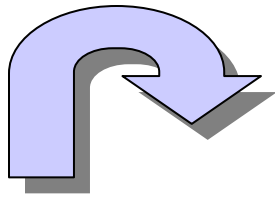
To reduce the risk of negligent hiring, employers should contact both personal and professional references of potential employees. References should be checked during or immediately following the candidate interview/site visit to obtain additional information on the top one or two finalists.

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| <p>Develop a questionnaire for candidate references that helps you learn if, from the references' point of view, the candidate possesses the characteristics of your ideal candidate. Address factors related to successful job performance such as:</p> <ul style="list-style-type: none"> ○ Skills needed for the job, ○ Ability to work with people, ○ Quality of Work, ○ Amount of work done ○ Ability to follow directions, ○ Judgment ○ Timeliness, ○ Accuracy ○ Reasons & circumstances for leaving ○ Attendance and punctuality ○ Mgt or supervisory skills (if its' a part of the job) ○ Ability to respond to supervision, criticism, correction ○ Confirmation of info provided in CV or application | | |
| Identify and interview at least two additional references not provided to you by the candidate | | |



Recruitment Action Plan Notes

[illegible]

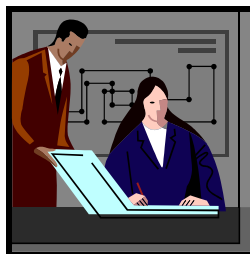


Step 12: Conduct a site visit

Goals of a site visit ...

- To confirm whether the candidate and spouse meet your “ideal candidate” profile, if so make an offer.
- To provide the candidate and spouse every opportunity to assess your community, to help them decide whether they would accept an offer.

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Develop standard site itinerary to be modified to fit interests of each candidate. | | |
| Educate site visit team members about the opportunity | | |
| Rehearse the site visit. | | |
| Educate site visit team about each candidate | | |
| Develop draft contract or proposition letter | | |



A Sample Site Visit Itinerary for Doctor, M.D. and Spouse

Note: Candidate and spouse are accompanied by the Site Host at all itinerary stops, except when candidate and spouse are provided private time.

Thursday

5:00 p.m.: Pick up candidate and spouse at airport and travel to rural community.

7:00 p.m. Check in at motel in rural community.

Note: Use the drive time to explain the opportunity in more detail, introduce them to your state or area, go over the itinerary and find out if they want to make any other stops not included on the itinerary.

Friday

8:00 a.m. Meet for breakfast
- chief of staff
-hospital and/or clinic administrator (if not hosts)

9:15 a.m. Conduct brief drive-through of the community to orient candidate and spouse to community.

9:30 a.m. Tour the hospital
-visit with Director of Nursing Service
- visit with Board Chairman
-introduce to other key hospital personnel

10:30 a.m. Tour clinic location of the practice opportunity.
Visit each physician or midlevel one-to-one, allowing at least 15 minutes per visit
- Visit clinic director
- Introduce to other clinic staff

Spouse Itinerary:

Friday

9:30 a.m. Tour of Elementary School (or school appropriate to spouse's children's ages)
- Visit principal and/or school counselor, teachers for grades appropriate to the age of the candidate's children

10:30 a.m. Meet with the medical staff's spouse's at one of spouse's homes

A Sample Site Visit Itinerary for Doctor, M.D. and Spouse

Page 2

Note: If spouse followed a different itinerary on the first morning, he or she should rejoin the candidate for lunch, providing the spouse an opportunity to meet the medical staff and hospital representatives.

Noon Lunch at hospital board or conference room

- Medical staff
- Board chair or representative
- Director of Nursing Service

1:15 p.m. Meet with candidate and spouse to discuss morning's activities

This brief meeting serves two purposes: 1) provides you the chance to address any questions or concerns they have from their morning visits while the concerns are fresh in their minds, and 2) assess and adjust to any changes in the candidate and spouse's level of interest in the opportunity.

2:00 p.m. Tour other health care facilities and/or meet other providers in the community or key civic leaders

3:00 p.m. Conduct guided tour of community

- . ☐ Shopping/consumer services
- . ☐ Restaurants
- . ☐ Neighborhoods and subdivisions
- . ☐ Immediate countryside
- . ☐ Scenic locations
- . ☐ Unique sites and places that appeal to the interests of the candidate and spouse
- . ☐ Stops requested by candidates

5:00 p.m. Drop the candidate and spouse off at the hotel
Provide them a vehicle for touring the community by themselves.

Note: In the months when sunset is between 5:00-6:00 p.m., you may want to adjust the itinerary stops to allow the spouse some daylight hours to see the community on his/her own.

7:30 p.m. Dinner at local supper club

- . ☐ Medical staff and spouses
- . ☐ Hospital board representatives
- . ☐ Clinic and hospital administrator
- . ☐ Key civic leaders

A Sample Site Visit Itinerary for Doctor, M.D. and Spouse

Page 3

If the candidate and spouse have an opportunity to visit with the dinner guests earlier in the day, the dinner will be more relaxed for all involved, especially the candidate and spouse. Note: A word of caution, existing medical staff and spouses may use the dinner as a rare opportunity to spend some quality time with one another, unwittingly ignoring the candidate and the spouse. A little coaching or rehearsing before hand may help dinner guests remember the primary purpose of the site visit and dinner.

Saturday

8:00 a.m. **Breakfast – Discuss the previous day’s events and address any concerns**

- . ☐ Site visit hosts
- . ☐ Realtor
- . ☐ Any medical staff members or other key person who could not meet with candidate and spouse on previous day

Note: Advise the realtor that he or she is responsible for being a guide on what will be a “tour of homes” that match the particular interests of the candidate and spouse. This is not a home sale opportunity. However, the realtor should be ready to answer questions regarding mortgages, lending rates, resale market, current and future market values, seller motivation, and so on.

Noon Lunch Meet with any key persons who have not had an opportunity to meet with candidate and spouse at an earlier time during the site visit

1:00 p.m. Self-guided Tour of Community Providing the candidate and spouse a vehicle

3:00 p.m. Business Interview

Note: Administrator of recruiting organization and the candidate meet to discuss the opportunity and the details of the offer, if appropriate.

Present a letter of intent or draft contract if the candidate interests you and indicate the number of days he/she will have to consider your offer.

5:00 p.m. Return to the airport

Note: Take advantage of the return drive to draw out and address any concerns that may be preventing the candidate and spouse from pursuing your opportunity.

Give the candidate and the spouse a gift or keepsake of their visit to your community – something unique to your community would be ideal.

7:15 p.m. Flight departs

Other Suggested Itinerary Venues

Personal Venues

- ☐ An airplane tour of your area.
- ☐ An opportunity to experience a popular activity in your area that is of interest to the spouse and/or candidate, i.e. horseback riding, whitewater rafting, hunting, fishing, boating, cross country or downhill skiing, and so on.

Professional Venues

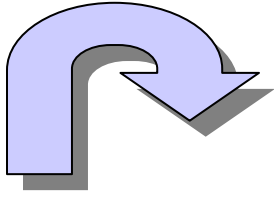
- ☐ A visit to the regional medical center and key consulting and referral specialists in the regional medical center community medical staff.
- ☐ Spouses of family practice residents on site visits.

Other Suggestions:

- ☐ Avoid a busy itinerary that prevent the candidate and spouse from getting the feel of the community.
- ☐ Introduce the candidate and spouse to other newcomers to the community.
- ☐ Show the candidate and spouse the business district and different neighborhoods to witness daily life in the community.
- ☐ Avoid being “too slick” or too contrived.
- ☐ Show the good points but also be honest about the community’s problems or bad points.
- ☐ Expose the spouse to daily life in the community, because it will be the spouse not the physician who will need to fill their day with whatever the community has to offer.

Recruitment Action Plan Notes

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Step 13: Follow-up letter

Follow up... and follow through is key.....

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Send candidate and spouse a thank you letter and any follow-up information that may have been requested. <u>Note:</u> Some communities include a copy of the latest local newspaper that contains a well-timed article about the candidate's recent site visit to the community. | | |
| | | |



Recruitment Action Plan Notes

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Step 14: Follow-up negotiations

Follow up... and follow through is key

| Action Step | Lead Person | Deadline |
|---|-------------|----------|
| Designated Contract Negotiator should Contact candidate to confirm acceptance or rejection of offer at the end of the agreed upon time period (usually one to two weeks).. | | |
| Designated Contract Negotiator immediately identifies and addresses the candidate's reservations. | | |
| Develop/implement candidate and spouse integration plan when candidate accepts offer. | | |
| If applicable, identify and assess reasons that candidate declines the offer. | | |
| If necessary, adjust recruitment process and practice opportunity to address reasons for candidates decline. | | |
| If candidate accepts the offer... <ul style="list-style-type: none"> o ... close the deal.. o ... send final contract, o ... facilitate relocation... o . build a patient base. | | |
| Plan ahead for retention. | | |



Tips on Making an Offer...

Finally, after you make an offer to an attractive candidate during the site visit, do not expect or force the candidate to make a decision on the spot. You should allow the candidate a specified amount of time after the site visit to make his or her decision. If you do not provide the candidate some sort of deadline by which to make a decision on your offer, he or she may be lured away by another community.

To make an offer during the visit:

1. Prepare a contract or letter of intent before the site visit that clearly outlines the responsibilities and obligations of the practitioner, but leave blank the compensation amount and arrangement to allow for negotiation.
2. Present the contract or letter of intent to attractive candidates during the business interview of the site visit.
3. Explain the entire contract or letter of intent and make sure candidates have complete understanding.
4. Negotiate and settle upon the compensation amount and arrangement during the business interview, if possible.
5. Give the candidate one to two weeks to decide, asking him/her to please list reasons why they reject the offer, if he/she chooses not to accept.



Sample Letter of Intent

Dear Dr. R.U. Willing,

On behalf of M.I. Tyred, M.D., and the administration and medical staff of Rural Hospital, we are pleased about your interest in helping patients in the Rural, Virginia, area and practicing at the Family Medicine Clinic.

Please accept this letter as a description of the compensation and benefit package we discussed during your site visit to our community on Date 2004. Keep in mind that this is a preliminary letter of agreement. It may not be all-inclusive. We can discuss further details and incorporate them into our final agreement.

Our discussion included the following parameters:

1. A first-year salary of \$120,000
2. Three weeks' vacation and one week for CME
3. Reimbursement for approved CME sources (including travel expenses) up to \$2,000
4. Health insurance for you and your family
5. Disability insurance
6. Life insurance
7. Retirement program participation
8. Malpractice insurance
9. Practice management and marketing assistance
10. Relocation allowance up to \$10,000

In addition, Dr. Tyred and Dr. Welby will facilitate the implementation of the call coverage plan discussed over lunch. This plan calls for the following:

- Every second weekend off, occasionally every third weekend off, depending on all physicians' CME and vacation plans
- Coverage every fourth or fifth night for your clinic patient practice
- Sharing emergency department call along with all Rural Hospital active staff, every fourth night

Again, although there may be some details to work through prior to our signing a contract, we want this letter to serve as a formal offer of our position. By your signing and returning this letter, we will assume your acceptance of this position, and we will cease further recruitment efforts and begin formalizing the final letter of agreement.

Sample Letter of Intent

Page 2

Dr. Willing, Rural Hospital must continue its search efforts in order to recruit a family physician to meet the needs of our community. In that effort, we may extend practice agreements to other interested candidates. A signed agreement is thus binding or valid, subject to another candidate's prior acceptance. We look forward to your response by Date 2004.

Dr. Tyred and everyone at Rural Hospital are looking forward to working with you. We eagerly await your reply.

Sincerely,

Hope U. Aksept, Coordinator
Rural Virginia, Recruitment Team

Date:

R.U. Willing, M.D. Date:

Adapted from: "Physician Recruitment and Retention: Practice Techniques for Exceptional Results," Roger G. Bonds and Kimberly A. Pulliam, American Hospital Association, Chicago, Illinois.

Suggestions for Employment Agreement

Introduction

- Effective date
- Parties involved
- Purposes: intention, goals and objectives of the agreement

Term

- Effective dates
- Fixed or self-renewing

Employment Status

- Full time or part time
- Permanent or temporary
- Probationary or trial period

Physician Issues

- Minimum/maximum office hours
- Evenings and/or weekends
- Hospital responsibilities
- Satellite sites
- Nursing homes
- House calls
- Emergency department responsibilities
- Off-hours duty/on-call situations
- Supervision of midlevel providers
- Obstetrical services
- Licensure
- Board certification
- Hospital privileges
- Appointment scheduling protocols
- Assignment/control of patients
- Professional liability insurance
- Policies and guidelines: administrative, financial, personnel
- Quality assurance and utilization review
- Performance evaluation
- Procedures for changes in “status quo”

Suggestions for Employment Agreement

Page 2

Execution of the Agreement Compensation and Benefits

- Compensation arrangement type(s): straight salary, bonus, incentive plans, risk sharing, clinic revenue, ownership of accounts receivable
- Loan repayment
- Pay schedule
- Payroll deduction services
- Direct deposit
- Extra duty pay
- Social security
- State unemployment
- Worker's compensation
- Federal unemployment
- Pension/retirement plans
- Private office space
- Paid holidays, vacation, sick leave, personal leave, education leave, funeral leave, disability leave, maternity/paternity leave, leave without pay
- Insurance: health, life, disability, professional liability, common carrier transportation
- Professional dues, subscriptions, fees, books, journals, tapes
- Tuition assistance, conference fees, travel and educational benefits
- Automobile and mileage expenses
- Parking
- Professional courtesy discounts
- Dependent care assistance
- Flexibility of benefit plans/salary reduction
- Incentive plans
- Fiscal policies and procedures
- Administrative policies and procedures
- Performance evaluation criteria
- Principles of practice

Signatures/Effective date

Recruitment Action Plan Notes

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Step 15: Develop and implement a retention plan

| Action Step | Lead Person | Deadline |
|--|-------------|----------|
| Create retention committee. | | |
| Meet with new provider on monthly basis to assess integration progress. | | |
| Meet with spouse on monthly basis to assess spouse and family integration progress. | | |
| Have quarterly social for medical staff and spouses. | | |
| Conduct retention questionnaire with medical staff. | | |
| Meet with all providers on quarterly basis to discuss retention issues and address concerns. | | |
| Develop long-range medical staff development and retention plans. | | |



Recruitment Action Plan Notes

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Overview

Checklist of Recruitment Readiness



This list is designed to determine if you have completely assessed all factors before implementing your recruitment for a health care provider.

Do you...

1. Have evidence of local physicians' support for recruiting a new provider?
2. Have support of other health professionals for recruiting a provider?
3. Have evidence of community support for the recruitment?
4. Have a trained and motivated recruitment team?

Have you...

5. Developed a practice opportunity and a community profile?
6. Highlighted the unique aspects of the community's opportunity?
7. Developed a competitive compensation and benefits with non-monetary perks?
8. Sought legal advice on proposed contractual arrangement(s)?
9. Developed an understanding of the barriers to recruitment/retention of health care providers to the community?
10. Developed strategies for overcoming the barriers to recruitment/retention?
11. Determined reasonable expectations of provider, including coverage schedule?
12. Determined if adequate clinic space, support staff, technology is available?
13. Determined if adequate hospital technology support for the specialty sought?
14. Developed well-prepared practice opportunity promotional materials?
15. Determined a clear picture of the ideal candidate?
16. Obtained a spouse recruiter?
17. Developed a recruitment budget?
18. Organized candidate search process?
19. Organized candidate screening process?
20. Prepared answers for questions commonly asked by candidates?
21. Contacted appropriate organizations about provider needs?
22. Developed strategies for dealing with spouse and family needs?
23. Developed candidate site visit plan of action, including itinerary?
24. Drafted service agreement or letter of intent prepared, if applicable?
25. Developed retention strategies for the new and existing providers?

Recruitment Action Plan Notes

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WEBSITES OF INTEREST

Primary Practice Opportunities of Virginia:

www.ppova.org

National Rural Recruitment and Retention Network:

www.3rnet.org

Virginia Department of Health (VDH) Homepage:

www.vdh.virginia.gov

VDH, Primary Care and Rural Health:

<http://www.vdh.virginia.gov/primcare/index.asp>

VDH Recruitment & Retention:

<http://www.vdh.virginia.gov/primcare/center/randr/randr.asp>

VDH, Loan Repayment Program:

<http://www.vdh.virginia.gov/primcare/center/loan/info.asp>

Virginia Primary Care Association

www.vpca.com

Virginia Rural Health Association

www.vrha.org

Southwest Virginia GMEC

www.uvawise.edu/gmec

Richmond Academy of Medicine:

www.Ramdocs.org

Medical Society of Virginia:

www.msv.org

National Health Service Corps:

bhpr.hrsa.gov/nhsc

Department of Immigration, J-1 Site:

www.travel.state.gov/visa_services.html

WEBSITES OF INTEREST

About Virginia:

VA Tourist Information:

www.virginia.org

www.vachamber.com/visitva

National Health Service Corps (NHSC), 1-800-221-9393

<http://www.bphc.hrsa.dhhs.gov/nhsc> HPSA Classifications:

www.bphc.hrsa.dhhs.gov/databases/hpsa/hpsa.cfm Bureau of Health

Professions Area Resource File (ARF): <http://www.bhpr.hrs.gov> Data set includes county level estimates for the entire US of the number of physicians; February 2000 release: <http://www.arfsys.com>

Bureau of Health Profession

National Sample Survey of Registered Nurses:

<http://bhpr.hrsa.gov/dn/dn.htm>

Bureau of Labor Statistics Current Population Survey:

<http://stats.bls.gov/proghome.htm>

Bureau of Labor Statistics Employment Projections:

<http://stats.bls.gov/proghome.htm>

Bureau of Health Professions US Health Workforce Personnel Factbook:

<http://bhpr.hrsa.gov/healthworkforce/factbook.htm>

Cooperating State Employment Security Administrations have labor market information offices that publish and disseminate ES-202 data for their states:

<http://stats.bls.gov/ofolist.htm>

Bureau of Labor Statistics Current Population Survey and Employment Projections and Occupational Employment Statistics:

<http://www.bls.census.gov/cps/datamain.htm>

Bureau of Census American FactFinder: <http://www.census.gov>

Bureau of Census American Fact Finder www.census.gov

WEBSITES OF INTEREST

National Rural Health Association

One West Armour Blvd., Suite 203 Kansas City, MO 64111 816.756.3140

816.756.3144 fax

<http://www.nrharural.org>

Rural Assistance Center

PO Box 9037 Grand Forks, ND 58202 800-270-1898 800-270-1913 fax

<http://www.raconline.org/>

National Rural Health Resource Center

Terry Hill, Executive Director 600 East Superior Street, Suite 404 Duluth, MN

55802 218.720.0700 218.727.9392 fax

<http://www.ruralresource.org>

Office of Rural Health Policy

Marcia Brand, PhD, Director Room9A-55 Parklawn Building 5600 Fishers Lane

Rockville, MND 20857 301.443.0835 301.443.2803 fax

<http://www.ruralhealth.hrsa.gov/>

American Nurses Credentialing Center

<http://www.nursingworld.org/ancc>

American College of Nurse Practitioners

202/466/4825

<http://www.nurse.org/acnp>

American Academy of Physician Assistants

703.836.2272

<http://www.aapa.org>

American Nurses Association

205.554.4444

<http://www.ana.org>

American College of Nurse-Midwives

202.728.9860

<http://www.acnm.org>

WEBSITES OF INTEREST

American Academy of Nurse Practitioners
512.442.4262

<http://www.aacp.org>

American Association of Colleges of Nursing
<http://www.aacn.nche.edu>

Primary Practice Opportunities of Virginia:
www.ppova.org

National Rural Recruitment and Retention Network
1.800.787.2512
<http://www.3rnet.org>

Indian Health Service
800.892.3079
<http://www.ihs.gov>

American Medical Association
800.621.8335
<http://www.ama-assn.org>

American Osteopathic Association
<http://www.am-osteo-assn.org>

American Hospital Association
<http://www.aha.org>

American Academy of Family Physicians
800.274.2237
<http://www.aafp.org>

Annals of Internal Medicine
800.523.1546
<http://www.acponline.org>

WEBSITES OF INTEREST

AIM DocFinder

<http://www.docboard.org>

ABMS Certified Doctor Home Page

<http://www.certifieddoctor.org>

AMA Physician On-Line Doctor Finder

<http://www.ama-assn.org/aps/amahg.htm>

Immigration: American Immigration Center

<http://Us-immigration.com>

Association of Staff Physician Recruiters

<http://www.aspr.org>

Health Care Administrator and Recruiter's Guide to the Internet

<http://www.healthcarehr.com>

Medscape

<http://www.medscape.com>

Association of Staff Physician Recruiters:

<http://www.aspr.org/>

Merritt Hawkins & Associates -

www.meritthawkins.com Survey related to compensation

Medical Group Management Association:

www.mgma.com Various articles and resources

Virginia Department of Health (VDH),
Office of Health Policy and Planning (OHPP)

Recruitment and Retention Services

Mission: Our mission is to increase access to primary health care and improve health care outcomes for Virginia's medically underserved and vulnerable populations.



Recruitment Website:

VDH, OHPP has an online recruitment website to support this mission. The website is called Primary Practice Opportunities of Virginia (PPOVA).

- It can be found at www.ppova.org.
- PPOVA is a “**free**” resource.
- PPOVA is dedicated to recruiting health care professionals for Medically Underserved Areas and Health Professional Shortage Areas in Virginia.
- PPOVA offers position postings on the web site.
- PPOVA offers a referral service.

Note: If you are interested in obtaining a position in Virginia, or posting an opportunity please visit PPOVA.

Incentives:

The OHPP manages several federal and state loan repayment and scholarship programs designed to assist practitioners serving in medically underserved areas. For specific details please visit: <http://www.vdh.virginia.gov/primcare/center/loan/info.asp>.

If you have questions regarding the above resources, or any information contained in *“A Community's Guide to Recruiting for Retention... A hands-on Recruitment Action Plan”* please contact:

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Richmond, Virginia 23219
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